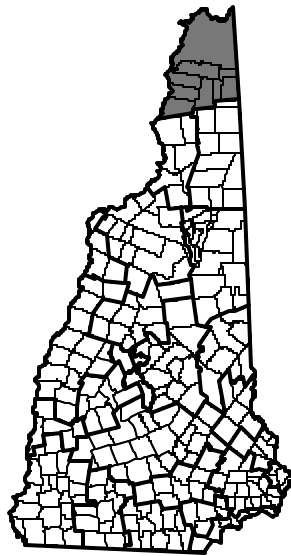


Colebrook Healthcare Service Area Regional Health Profile



This narrative is part of a larger effort, the *New Hampshire Regional Health Profiles*, and grew out of a mandate established by the Legislature in its passage of SB 183 in 1999. That bill amended RSA 126A to include a requirement for the Department of Health and Human Services to continually assess the health status of the State's residents and to make its findings available in a report issued every two years.

This narrative was jointly developed by the Dartmouth Hitchcock Alliance and the Department and is the first to be issued under this legislation. The *Regional Profiles* provide a means for residents, community leaders, planners and providers to gain a better understanding of the health status of the State's residents and communities.

The *Regional Profiles* provides information that can be used to establish local *Healthy New Hampshire 2010* targets and to meet the needs assessment expectations of the State's Community Benefits legislation.

Office of Planning and Research
New Hampshire Department of Health and Human Services
129 Pleasant Street, Concord, New Hampshire 03301
www.dhhs.state.nh.us

Overview of the HSA

The Colebrook Healthcare Service Area is comprised of five communities. These five towns had an estimated population of 5,576 people in 1998 and cover a region of 495 square miles. At 11 people per square mile, this HSA has the lowest population density in the State. While those above 65 years comprise about 12-13% of the population statewide, in this northernmost region they make up 17% of the population.

Town Name	1998 Pop Est	% of HSA Pop	% of HSA Self Pay Admissions	Ratio of Self-Pay Admissions to Pop Pct	1996 Per Capita Income	Pop Density (persons per sq. mi.)	Miles to Nearest Hospital*
Clarksville	237	4%	0%	0.0	\$14,197	4	10
Colebrook	2,623	47%	68%	1.4	\$14,636	64	-
Columbia	740	13%	0%	0.0	\$12,567	12	4
Pittsburg	916	16%	15%	0.9	\$14,035	3	13
Stewartstown	1,060	19%	17%	0.9	\$11,302	23	10
HSA Total	5,576				\$13,610	11	
New Hampshire	1,185,000				\$18,697	132	

* = Nearest Hospital may be in another HSA.

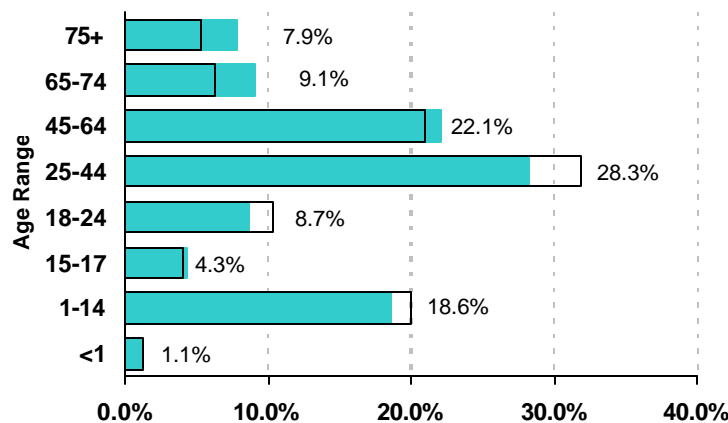
- 1998 Population Estimate = New Hampshire Office of State Planning.
- Percent of HSA Self Pay Admissions = Each community's share of individual overnight hospital admissions for the full HSA that are recorded as "Self Pay" on the Uniform Hospital Discharge Data Set for 1998.
- Ratio of Self-Pay Admissions to Population Percentage = Percent of HSA self-pay admissions divided by the percent of HSA population. A higher ratio reflects a greater proportion of individuals within a community who must cover the costs of hospitalization from their personal resources, i.e., they do not have health insurance coverage for the hospitalization.
- 1996 Per Capita Income = Office of State Planning, from the Department of Revenue Administration.
- Population Density = Total square miles from the Office of State Planning, divided by the 1998 Population Estimate.
- Miles to Nearest Hospital = mileage from a community to the nearest hospital that may not be the hospital(s) in the HSA, as given in the *1999 New Hampshire Community Profiles*, published by the State Occupational Information Coordinating Committee (SOICC) of New Hampshire.

Demographic Profile

Percentage of Population by Age

Shaded and Labeled bars = HSA population profile

Outlined bar = State population profile



Graphics are based on data provided in the Primary Care Data Set, 1993-1997, which stated “State, city, and town population counts for New Hampshire have been obtained by applying the proportions from the 1995 New Hampshire Population Projections for Counties by Age and Sex to the 1995 Population Estimates of New Hampshire Cities and Towns; both of which were prepared by the New Hampshire Office of State Planning (OSP). The population figures for 1995 were chosen for use in calculating rates since this year represents the midpoint of the five years of study, 1993 through 1997... Since the town-specific age and sex population estimates are based on town-wide estimates applied to county level projections, it is assumed that there is an unknown amount of error in the individual components of the estimates. However, when combining towns together to construct HSAs, much of the variability in the town-specific estimates is assumed to be canceled.” *Primary Care Access Data, 1993-1997*

Limited data on population and households from the national 2000 census is provided in the Census 2000 section of the *Regional Profiles*. That data will be updated at the *Regional Profiles* website as it becomes available and should be used when reviewing the “Additional Indicators” section below.

Health Profile

The points offered below are provided as an overview of the health of the HSA in the three **Regional Profile** focus areas: *Current Health*, *Use of Health Care* and *Risks to Future Health*. These are provided as a representative sample of findings presented in the data tables and should not be construed as the most important findings. Readers are urged to review the data tables to better understand the conditions and circumstances of this HSA.

In some instances, the differences between the HSA and the State are described as significant. This refers to a difference being “statistically significant.”

- When the source of the data is the 1999 NH Health Insurance Coverage and Access Survey (NH HICAS), the difference is significant at the 95% confidence level, i.e., when the range between the upper and lower confidence intervals for the HSA is higher or lower than the range for the State confidence interval (the confidence ranges do not overlap).
- When the source of data is the Primary Care Access Data set (PCAD), a difference is also significant at the 95% confidence level, based on a “z test score,” a test for statistical significance, i.e., when this test statistic is “significant,” there is 95% confidence that the rates being compared are different for reasons other than “random chance.”
- Because a finding is statistically significant, i.e., not due to chance alone, the difference may not be of sufficient magnitude to be practical or meaningful to understanding the health issue or for developing strategies.
- A finding that a difference is not statistically significant may not mean that there is no value to paying attention to the difference, i.e., not being statistically significant does not mean that it is not important or necessary to consider the underlying health issues for indicators that are different between the HSA and the State, particularly on indicators that seem to show a trend or relationship, such as between indicators associated with births.

All rates in this narrative have been age-adjusted. The calculation of age-adjusted rates makes it possible to compare the rates between an HSA and the State. The proportion of the population in each age range varies from HSA to HSA and between an HSA and the State. Thus, it would be misleading to compare HSA rates to the State rate unless the rates were adjusted for this variation in the distribution of age ranges.

Please refer the *Technical Notes* section for an explanation of the age-adjustment calculation and the calculations for statistical significance and confidence intervals.

Unless noted in the text, the data date and source are given in [] at the end of each point. Key to abbreviations:

- NHES = New Hampshire Employment Security.
- NH HICAS = *New Hampshire Health Insurance Coverage and Access Survey, 1999*; Office of Planning and Research, Department of Health and Human Services.
- PCAD = *Assessing New Hampshire's Communities: Primary Care Access Data, 1993-1997*; Health Statistics and Data Management Bureau, Office of Community and Public Health.
- UHDDS = Uniform Hospital Discharge Data Set, maintained by the Health Statistics and Data Management Bureau, Office of Community and Public Health.
- US Census = Taken from 1990 Census of Population and Housing Summary Tape File 3A (STF3A), 1990 US Census data, US Department of Commerce.

Observations on Current Health

- 94.8% of the State's population under age 65 assessed their personal health as "good," "very good," or "excellent" according to the 1999 NH Health Insurance Coverage and Access Survey. In this HSA, 90.1% of the population did so, a proportion significantly lower than the State average.
- In the State overall, 2.9% of the workforce age 16 to 64 was identified as having a disability and not in the workforce. For this HSA the proportion, at 5% of the population, was higher. [1990; US Census]
- Based on findings of the 1999 NH Health Insurance Coverage and Access Survey, 3.3% of the population under age 65 in the HSA had a chronic condition lasting one year or more, a rate significantly lower than the State rate of 5.9%.
- The rate of "premature deaths" for the population between the ages of 18 and 64 in this HSA was comparable to the State rate: 3.5 per 1000 population vs. 2.6 per 1000 population. [1993-1997; PCAD]

Observations on Use of Health Care

- 15.6% of those under 65 in this HSA reported not seeing a doctor in the year prior to the 1999 NH Health Insurance Coverage and Access Survey, a rate significantly higher than the State rate of 11.7%.
- 28.1% of the population under age 65 in this HSA were not "extremely" or "very" confident they could get medical care if they needed it, a rate significantly higher than the State rate of 19%. [1999; NH HICAS]
- The percent of the population under age 65 in the HSA who reported having no usual source of health care (7.7%) was not statistically different from the State percent (6.9%). [1999; NH HICAS]
- 32.1% of the population under age 65 in the HSA, according to findings from the 1999 NH Health Insurance Coverage and Access Survey, did not see a dentist in the prior year. This rate was significantly higher than the State rate of 21.9%.

Ambulatory Care Sensitive Conditions = medical conditions that may not require inpatient hospitalization (a stay of at least one night) if timely and appropriate primary care is received.

- The hospitalization rate for rapid onset ambulatory care conditions, such as pneumonia and other infections, for this HSA was 11.9 per 1000 population. This rate was significantly higher than the State rate of 7.4 per 1000 population. [1993-1998; UHDDS]
- The hospitalization rates for chronic ambulatory care sensitive conditions, such as diabetes and asthma, were higher for this HSA but not statistically different from the State: 5.6 per 1000 population, vs. 4.6 per 1000 population. [1993-1998; UHDDS]

- The hospitalization rate for elders from this HSA for ambulatory care sensitive conditions was significantly higher than the State rate for the same age group. [1993-1997; PCAD]

	HSA	State	Ratio (HSA/State)
Pediatric	3.5	4.3	0.8
Adult	9.4	6.1	1.5
Elder*	77.7	57.4	1.4

(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)

* = Significantly higher

- Rate per 1000 population of hospitalizations due to injuries were similar between the HSA and the State across three major age categories. [1993-1997; PCAD]

	HSA	State	Ratio (HSA/State)
Pediatric	3.0	3.1	1.0
Adult	7.6	6.2	1.2
Elder	19.9	26.2	0.8

(Pediatric = up to age 18; Adult = 18-64; Elder = 65+)

- For residents of this HSA Medicare (43%) was the dominant payer for inpatient services (services provided to individuals staying at least on night in the hospital). Other pay sources were commercial insurance (23%), Medicaid (14%), other insurances (16%), and self-pay (5%). [1998; UHDDS]

Observations on Risks to Future Health

- Unemployment was higher in the HSA (4.2%) compared to the State average (2.7%). [1999; NHES]
- 16.6% of children under age 19 in the HSA received Medicaid and/or Food Stamps. This percent was significantly higher than the State rate of 9.1%. [1993-1997; PCAD]
- 4.5% of the adults in the HSA received Medicaid and/or Food Stamps. This percent was significantly higher than the State rate of 2.1%. [1993-1997; PCAD]
- 34.1% of families in this HSA had incomes at or below 200% of the federal poverty level, a percent significantly higher than the State percent of 21.4%. [1999; NH HICAS]
- 87.4% of the population under age 65 in the HSA had completed high school, a proportion significantly lower than the State percent of 92.2%. [1999; NH HICAS]
- Selected birth characteristics:
 - ✓ Smoking during pregnancy was reported in this HSA at 200 per 1000 births. The State rate was 176 per 1000 births. [1993-1997; PCAD]
 - ✓ 349 per 1000 live births in this HSA were to unmarried mothers. This rate was significantly higher than the State rate of 223 per 1000. [1993-1997 PCAD]
 - ✓ Births to mothers without a high school education occurred in this HSA at a rate of 110 per 1000 births. This rate was comparable to State rate of 109 per 1000. [1993-1997; PCAD]

- ✓ 333 per 1000 births were Medicaid-covered in this HSA. This rate was significantly higher than the State rate of 207 per 1000 births. [1993-1997; PCAD]
- 17.1% of the population under age 65 in this HSA did not have health insurance coverage for some portion of the 12 months prior to the 1999 NH Health Insurance Coverage and Access Survey. This percent was significantly higher than the State proportion of 11.4%.
- 13.9% of the population under age 65 in this HSA did not have health insurance. This percent was significantly higher than the State proportion of 9.3%. [1999; NH HICAS]
- 55.4% of the population under age 65 in this HSA did not have dental coverage. This percent was significantly higher than the State proportion of 25.7%. [1999; NH HICAS]

Additional Observations

By reviewing census data, it is possible to learn more about the people living in a community. Unfortunately, the most recent census data is from 1990. It will be helpful to compare data from the 2000 census (which is underway) to that from 1990 to see how this community has changed in terms of:

- Households with children headed by single parents – In 1990, 20.2% of the households in this HSA were headed by a single parent (female headed: 15.6%; male headed: 4.6%). The State average was 17% (female headed: 13.1%; male headed: 3.9%). [US Census]
- Income distribution – In 1990, 27% of the families in this HSA had incomes below \$20,000 and 15.7% had incomes above \$50,000. The State average was 15.2% living below \$20,000 and 37.0% living above \$50,000. [US Census]
- People isolated by virtue of:
 - ✓ Living alone – In this HSA, 25.6% of the households were classified as “single person.” The State rate was 21.9%. [1990; US Census]
 - ✓ Linguistically isolated – In this HSA, the 1990 US Census found that 1.3% of the households not speaking English compared to 1.5% for the State. [1990; US Census]
 - ✓ Not owning a vehicle – In this HSA, 27.6% of the population were reported in the 1990 US Census as not having personal transportation available compared to the State rate of 16.1%. [1990; US Census]
- The stability of the population as reflected in:
 - ✓ Not relocated over the last 5 years – In this HSA, 51% of the households lived in the same location at least 5 years compared to the State rate of 47.8%. [1990; US Census]
 - ✓ Owned rather than rented – In this HSA, 76.4% of the population lived in owner-occupied housing compared to the State rate of 73.6%. [1990; US Census]